



RI Department of Health
3 Capitol Hill, Room 104
Providence, RI 02908-5097
www.health.ri.gov

RI Department of Health

Application and Instructions for:

Radon Training Courses

**DO NOT DUPLICATE THIS FORM
PLEASE DO NOT REMOVE ANY FULL PAGES FROM THIS BOOKLET**

INSTRUCTIONS

- Please answer all questions. Do not leave blanks. Incomplete forms will not be accepted and your application will be returned to you. Please use a ball point pen. Information can be obtained on our website at www.health.ri.gov
- Please mail your completed application, fee and the required documents to:

Rhode Island Department of Health
Office of Health Professionals Regulation
Room 104 - 3 Capitol Hill
Providence, RI 02908-5097

1. \$300.00 (three-hundred dollar) license fee for the first training course provided and an additional \$100.00 (one-hundred dollar) license fee for each additional course provided. Payment should be in the form of a Check or Money Order, made payable to **General Treasurer, State of RI**
2. Attachments as listed below

Radon Training Course(s) Submitted (check ALL applicable items): ** Fees: \$300.00 for first course and \$100.00 for each additional course provided.	CHECK ALL THAT APPLY <input type="checkbox"/> 32 Hour Initial Radon Mitigation Specialist <input type="checkbox"/> 16 Hour Initial Radon Measurement Consultant <u>Attach documentation</u> to demonstrate compliance with the appropriate sections of the Rhode Island Rules and Regulations for Radon Control. Each attachment must clearly identify the specific paragraph(s) being addressed.
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Please make a photocopy of your entire completed application for your records before mailing to the office. The office is not responsible for providing you with a photocopy of your application.

Please call the Office of Health Professionals Regulation at 401-222-2828 if you have any questions about the application process.

You may review the status of your application at the Department of Health's' license verification site:
<https://healthri.mylicense.com/Verification>

**State of Rhode Island and Providence Plantations
Department of Health**

Facility Name:

Please provide the name of the facility (as known to the public) for which this certificate is being requested.

Name: _____

Facility Contact:

Please provide the facility. Phone, Fax and Email Information

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

Facility Mailing Information:

Please provide the mailing information for all communication regarding this certificate, if different from Facility Location Information

(Not published on HEALTH website).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Address City, State, ZipCode _____

Address Country _____

Phone: _____

Fax: _____

Email Address: _____

Facility Location Information

Please provide the location information for this facility

(Published on HEALTH website).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

Address City, State, ZipCode _____

Address Country _____

Phone: _____

Fax: _____

Email Address: _____

Ownership Type:

Please check ONE

☐ Corporation

☐ Limited Liability Company

☐ Governmental Entity

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Partner

Ownership Information: Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____ DBA: _____
Enforcement Actions in Other Jurisdictions: If yes, please provide details. Attach a separate sheet if needed.	1. Are there any outstanding or past enforcement actions by a federal, state or local jurisdictions in conjunction with a radon training course provided by the applicant and/or any principal in the applicant's organization? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> _____ _____ _____ _____ _____ _____
SSN/FEIN: (Social Security Number/Federal Employer Identification Number)	Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator. <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>
Affidavit of Applicant Read, sign, and date this affidavit.	<div style="text-align: center;"><u>This Application Must be Signed by the Applicant</u></div> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date of Signature (MM/DD/YY) </div> </div>